

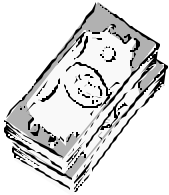


BIOTERRORISM PREPAREDNESS UPDATE

Kentucky Department for Public Health

Bioterrorism Grant Awards Announced

Grant awards for both the CDC Public Health Preparedness and Response to Bioterrorism grant and the HRSA Bioterrorism Hospital Preparedness grant have been announced.



Kentucky's submitted plan for the HRSA grant was approved in its entirety and funds will soon be released to the state. DPH has received the proposal review and will address unresolved issues (see Hospital BT Preparedness—HRSA below).

Funds for the CDC grant have also been released with the exception of \$450,000 budgeted in Focus Area C to improve veterinary labs for environmental sample testing and to develop two new LRN Level B BT labs for surge capacity and \$154,979 in Focus Area E pending further discussion, clarification, and elaboration with CDC staff. DPH will continue discussion with CDC on these areas.

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Hospital BT Preparedness—HRSA

DPH has contracted with the Kentucky Hospital Association to conduct a needs assessment and develop regional plans for hospitals. KHA has held four regional meetings to discuss the process and get feedback from hospital representatives. Currently, KHA is working with Western Kentucky University to determine the status of hospital preparedness.

The Association of State and Territorial Health Officials sponsored a HRSA conference call on June 20th. The call provided invaluable information about how the Department should proceed with this grant. Guidance was given regarding expectations of grant funding, development of regional plans, and handling confidential information in needs assessments.



The first official meeting of the Hospital Bioterrorism Preparedness subcommittee is scheduled for August 2, 2002. The HRS grant guidance requires committee representatives to include : Kentucky Hospital Association, Veterans Administration, Military Hospitals, Kentucky Emergency Management, Emergency Medical Service, Office of Rural Health, Primary Care Association, and the three Metropolitan Medical Response Systems in the state. Several members of the Statewide Bioterrorism Advisory Committee have been asked to serve on this subcommittee. Every effort will be made to assure activities funded by both the CDC and the HRSA grants will be complementary to each other as various Bioterrorism Preparedness strategies are implemented.

As part of the grant, DPH will assess the capacity of Emergency Medical Services. A needs assessment tool for this task has not as yet been determined. Suggestions regarding a tool and assistance will be requested from the Hospital BT committee in an upcoming meeting.

CDC Focus Area A—*Preparedness Planning and Readiness Assessment*



The DPH internal workgroup continues to move forward on implementing the grants. A new branch, Public Health Preparedness Branch, is being established and several key personnel have been identified to staff the branch.

A subcommittee of DPH staff and Local Health Department (LHD) representatives has been established to work on budgetary issues and expectations for local health departments planning efforts. The grant budgeted funds to go to local health departments for a needs assessment and subsequent planning. LHD's will initially assess needs using the "Local Emergency Preparedness and Response Inventory" tool from the Public Health Practice Program Office at CDC. The "Mobilizing for Action Through Planning and Partnerships" (MAPP) program is being considered for a more in depth community assessment and for planning activities.

DPH hosted an onsite visit by two officials from the federal National Pharmaceutical Stockpile (NPS) program. They were very complimentary of Kentucky's NPS plan and the groundwork the state has completed to actually receive the NPS if an event occurs. Dr. Englender and Dr. Hacker attended a special briefing by CDC staff regarding new information concerning the NPS program on May 14. The new information will be incorporated into the state NPS plan.

DPH and the Kentucky Department of Emergency Management continue to provide statewide training. Eight sessions at various locations across the state were held during May. Attendees included staff from state and local Public Health; state, regional, and local Emergency Management; and Kentucky State Police. Topics discussed included:

- ? Disaster Response and Recovery planning at the state and local level
- ? NPS program overview and the state and local planning necessary to receive and distribute the contents in case of an emergency
- ? Update on DPH State Lab activities related to bioterrorism issues
- ? Review of all Weapons of Mass Destruction, with a special emphasis on Anthrax and Smallpox

CDC Focus Area B—*Surveillance and Epidemiologic Capacity*

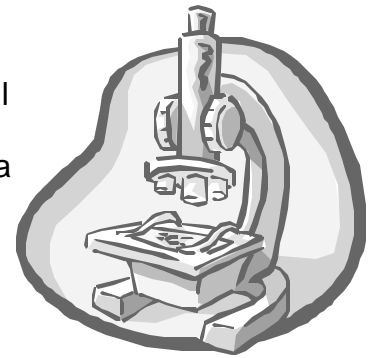
In addition to staffing the Public Health Preparedness Branch, DPH will hire additional staff in other areas of the department to improve public health capacity. Positions are being created for four additional epidemiologists, a surveillance technician, a health planner and two dedicated information technology staff member.

Position descriptions are being developed for placement of 16 additional epidemiologists at local health departments throughout the state to improve surveillance and investigation capacity. DPH is in negotiations with several health departments interested in housing these positions. These individuals will serve regions of the state rather than the specific health departments in which they are employed.

Discussions on a system to implement Kentucky's version of the National Electronic Data Surveillance System (NEDSS) continue. The Cabinet for Health Services is assessing systems to determine which best fits the needs of the state. A final decision is anticipated in July.

CDC Focus Area C—*Laboratory Capacity—Biologic Agents*

The DPH Lab's capital project plan to upgrade 3 labs to Biosafety Level 3 (BSL-3) cleared LRC Capital Projects committee. Upgrading these labs will allow more timely identification of specimens that are currently shipped to CDC for analysis and puts the lab closer to the eventual goal of becoming a Level C lab.



Phase I of a series of wet workshop training for clinical laboratories has been conducted. Level A lab personnel were trained on how to identify specific organisms and how to package and ship them to the DPH Lab in Frankfort. Additional trainings are scheduled specifically on packaging and shipping specimens.

Additional staff positions are being established to increase the capacity of the DPH lab. A training coordinator, three microbiologists, data entry staff, information technology support staff and an epidemiologist will be hired.

The University of Kentucky and the University of Louisville have requested to be admitted to the Laboratory Response Network (LRN). Site visits at both facilities have been conducted by the DPH. Site visits have also been conducted at two veterinary labs proposed to conduct environmental sample testing as part of the CDC Public Health Preparedness and Response to Bioterrorism grant. Currently the CDC has not approved funding these laboratories under this grant. DPH will continue negotiating to fund these labs as an essential part of public health preparedness and increased surge capacity.



CDC Focus Area E—*Health Alert Network/Communications and Information Technology*

The Division of Laboratory Services' information system is currently being purchased and updated by Focus Area E funds. DPH is working to provide each of the 55 local health departments with equipment and services necessary to respond to a public health emergency as outlined by the CDC Public Health Preparedness and Response to Bioterrorism grant proposal.

Completion the Kentucky Health Alert Network web site is expected by June 30th and will provide information and services to the public and local health department entities of the State of Kentucky.

A plan is being developed to deploy wireless devices across the state. Other options for wireless connectivity are being explored for those areas not in current coverage areas. The Governor's Office for Technology is developing a business plan for deployment and implementation of enterprise services (fax, email, wireless). An initial plan is expected by June 30th.

CDC Focus Area F—*Risk Communication and Public Information Dissemination*

Local Health Departments have been asked to identify an individual to assume the responsibility for risk communication in their community. These individuals will be trained to perform this function and provided necessary tools and materials. Individuals are to be named by July 15 and initial training will take place in August.

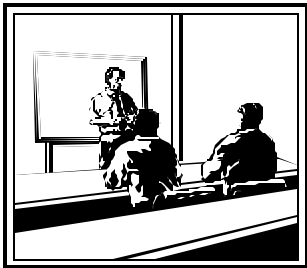


Preliminary meetings have taken place to establish a bioterrorism webpage for DPH. This page will serve as a tool for information dissemination prior to and during a BT event. During an event, the website will be dedicated to risk communications.

Staff have also met with the Department for Mental Health/Mental Retardation (MH/MR) to discuss integrating mental health issues into risk communication training at the local level. DPH and MH/MR will encourage a link between local health departments and local comprehensive care programs to improve communications by considering the mental health needs of a community in crisis situations where emergency powers are invoked.

DPH public information staff are developing pre-packaged information on smallpox, anthrax, botulism, plague, and tularemia to be disseminated immediately should there be an event involving one of these diseases.

CDC Focus Area G—*Education and Training*



The 2002 Public Health Practice Fall Conferences have been scheduled and will focus strongly on bioterrorism. The following one-day conferences, with the overall theme of “Bioterrorism and Disaster Preparedness,” have been planned and scheduled by the Public Health Education Advisory Committee:

“Risk Communication” - October 1 at Kentucky Dam Village State Resort Park
Breakout sessions on incident unified command systems, working with the media, and (pending) bioterrorism and anthrax from a risk communication perspective.

“Environmental Issues” - October 15 at Jenny Wiley State Resort Park
Breakout sessions will cover food safety, special populations, environmental issues, and anxiety/post traumatic stress disorder.

“Core Competencies in Disaster and Emergency Preparedness” - October 25 at Lake Cumberland State Resort Park
Breakout sessions will be conducted on core competencies for nurses in disaster and emergency preparedness, individual and community strategies for dealing with stress, family disaster planning, and (pending) MAPP.

“Leadership” - October 29 at General Butler State Resort Park
Breakout session subjects will cover leadership in times of crisis, ethical problem solving, situational leadership, and (pending) MAPP.

For additional information, contact Eula Spears or Lucy Dean at 502-564-4990.

Additional Information on Bioterrorism

The Southern Governors Association has formed a task force to investigate the communication capabilities among the southern states during a multi-state emergency. The ability to communicate quickly beyond state borders is essential to timely emergency response. The task force will examine the capabilities of telehealth networks which exist in every state to serve as the necessary conduit. The capacity, connectivity and redundancy of the network will be examined to determine whether it meets multi-state communication needs.

An additional \$367,178 in federal funds will be devoted to Kentucky for food and agricultural homeland security protections. Funds are to be used for strengthening the food supply infrastructure, establishing a network of diagnostic laboratories to identify animal disease threats, strengthening state capacity to respond to animal disease emergencies, and strengthening state-level animal disease surveillance and capability to detect plant pests and diseases. This is an excellent opportunity for collaboration between public health and agriculture.

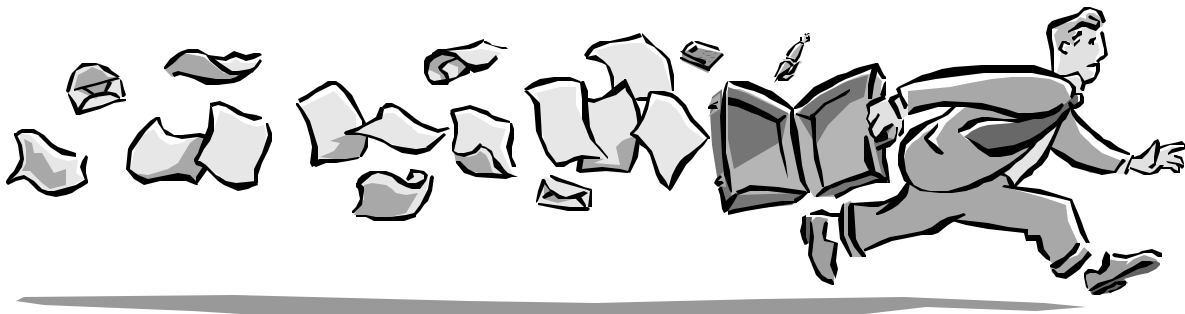
According to the Association of State and Territorial Health Officers, there will soon be enough small pox vaccine and needles to immunize the entire United States, however, none of the vaccine is currently licensed and the vaccines would be investigational drugs. Documentation and permission requirement issues are to be resolved.

The CDC Advisory Committee on Immunization Practices (ACIP) has announced recommendations for smallpox vaccination policy. The committee currently recommends vaccination for:

- ? Laboratory workers who directly handle vaccinia viruses or other orthopoxviruses
- ? Designated smallpox response teams
- ? Designated smallpox healthcare personnel at designated hospitals.

States will be allowed flexibility in designating response teams but the committee recommends at least one team in each state and territory. These recommendations will be reviewed periodically as new information becomes available.

The first official meeting of the Hospital Bioterrorism Preparedness subcommittee is scheduled for August 2, 2002. Several members of the Statewide Bioterrorism Advisory Committee will be asked to serve on this subcommittee. Membership of representatives from specific organizations is required by the HRSA grant guidance. Required membership includes the Primary Care Association, Kentucky Hospital Association, Emergency Medical Service, Office of Rural Health, Veterans Administration, Emergency Management, Local Health Departments, Military Hospitals, and the three Metropolitan Medical Response Systems in the state.



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